



Needham Health Department

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NEW Fee: \$60.00

Board of Health

Denise Garlick, R.N., Chairman
Peter Connolly, M.D., Vice Chairman
Edward Cosgrove, Ph.D., Member

Disposal of Sharps Permit Application –

Name of establishment: _____

Address: _____

Phone: _____ Fax: _____

Acupuncturist(s): _____

Phone: _____ Emer. Phone: _____

Number of treatment rooms = _____

Are restrooms available on site? If yes, how many? _____ Please list their locations:

Are linens cleaned on site? Y N. If not, where are they cleaned? _____

Where are the clean and dirty linens kept on site?

List current procedures used to handle medical waste and disposal of sharps, etc. Also describe storage of medical waste on site, where located, etc. (bags of waste, sharps containers, etc.) -

Company contracted to pick-up medical waste: _____

Address: _____ Phone: _____

Current pick-up schedule (# days/week): _____ *(Please submit a copy of a recent pick-up receipt)*

List current State License # and Provider's Name for your establishment. *(Please provide copies of each acupuncturists' certification licenses/cards):* _____

Address: _____ Phone: _____

Applicant's Name: _____ (sign) Date: _____

_____ (print)

Acupunct Appln